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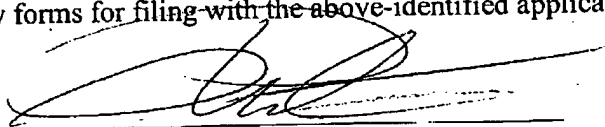
FACSIMILE NO.: (406) 587-4330

RE: Power of Attorney Form  
Application No. 10/628,081  
Applicant: Ralph Simpson, et. Al.  
Filing Date: 07/25/2003  
For: SPORTS TRAINING AND EXERCISE DEVICE  
Our Docket No.: 687.06

PAGES: 5 (including cover sheet)

Dear Sir:

I have attached three Power of Attorney forms for filing with the above-identified application.

  
Richard C. Conover,  
Attorney for Assignee

\*\*\*\*\*  
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PTO/SB/01 (01-06)

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POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM

Application Number	10/628081
Filing Date	07/25/2003
First Named Inventor	Ralph Simpson
Title	Sports Training...
Art Unit	3764
Examiner Name	Donnelly, Jerome W.
Attorney Docket Number	687.06

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27616

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

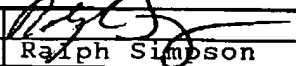
Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

## SIGNATURE of Applicant or Assignee of Record

Signature		Date	12-5-07
Name	Ralph Simpson	Telephone	
Title and Company	Individual		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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Art Unit	3764
Examiner Name	Donnelly, Jerome W.
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☐ Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Signature	<i>Steve McGee</i>	Date	12-5-07
Name	Steve McGee	Telephone	
Title and Company	Individual		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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OR

☐ Firm or Individual Name

Address

City

Country

Telephone

State

Zip

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Title and Company

Pete Draovitch

Individual

Date

Telephone

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PTO/SB/97 (12-07)

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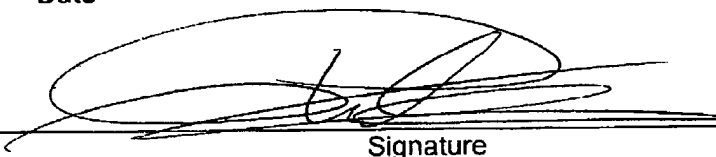
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